RECEIVED

CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

O The period covered is _

Candidate

the date of leaving office.

Election Year: _

STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Date Received Official Use Only

MAR 3 0 2009

Please type or print in ink.

A Public Document

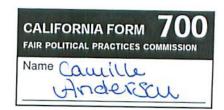
GOVERNOR'S OFFICE LEGAL AFFAIRS

NAME (LAST)	(FIRST)	(MIDD	LE)	DAYTIME TELEPHONE NUMBER
Anderson	Camille	-		(916) 445-4571
MAILING ADDRESS STREET (May use business address)	CITY	STATE	ZIP CODE	OPTIONAL: FAX / E-MAIL ADDRESS
State Capitol	Sacramento	CA	95814	
1 200				
1. Office, Agency, or Court		4. Schedu		iry
Name of Office, Agency, or Court:		► Total numb	per of pages his cover pag	2
Governor's Office		including a	nis cover pay	ge:
Division, Board, District, if applicable:		► Check applicable schedules or "No reportable		
Press Office		interests."		
Your Position:		I have disclosed interests on one or more of the attached schedules: Schedule A-1 Yes – schedule attached		
Deputy Press Secretary				
▶ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)		Investments (Less than 10% Ownership)		
Agency:			-2 Yes – (10% or greater Ov	schedule attached wnership)
Position:		Schedule B Real Property		schedule attached
		Schedule C	□ Ves -	schedule attached
2. Jurisdiction of Office (Check at least one box)			ns, & Business	Positions (Income Other than Gifts
State		Schedule D	□ Yes -	schedule attached
County of		Income – Gif	_	
☐ City of		Schedule E	X Yes -	schedule attached
Multi-County		Income – Gifts – Travel Payments		
Other			-0	r-
		☐ No sano	· · · · · · · · · · · · · · · · · · ·	ما دام ما دام
3. Type of Statement (Chec	ck at least one box)	☐ No repor	table interest	s on any schedule
Assuming Office/Initial Dat	te:/	- 1. In .		
		5. Verificati	ion	
Annual: The period covered is January 1, 2008, through December 31, 2008.		I have used	all reasonab	le diligence in preparing this
The period covered is December 31, 2008. OS OF OR Check one)		statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any		
		attached sched	dules is true a	and complete.
		I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.		
O The period covered is Januar date of leaving office.	ry 1, 2008, through the	2 3 (1 (1) G		
-or-		1.50.50.50.50.50.50		

_, through

Signatu

SCHEDULE E Income – Gifts Travel Payments, Advances, and Reimbursements



- Reminder you must mark the gift or income box.
- You are not required to report "income" from government agencies.

▶ NAME OF SOURCE	
	► NAME OF SOURCE
California State Protocol Foundati	The state of the s
1215 1 Street, Suite 1400	ADDRESS
CITY AND STATE	
Sacramento, CA 95814	CITY AND STATE
BUSINESS ACTIVITY, IF ANY, OF SOURCE	PLICINICO ACTIVITA IS ANN. 27 27 27
Security regular resolvent content at the facility and the content of the content	BUSINESS ACTIVITY, IF ANY, OF SOURCE
13	
DATE(S): 11 16/08 - 11 19/08 AMT: \$ 360.17	DATE(S):/
(If applicable)	(If applicable)
TYPE OF PAYMENT: (must check one) X Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
	(most should should should be a should should be a should should be a should should be a s
DESCRIPTION:	DESCRIPTION:
► NAME OF SOURCE	▶ NAME OF SOURCE
	P NAME OF SOURCE
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CITY AND STATE	CITY AND STATE
	(1870 15 SASSASSASSASSASSASSASSASSASSASSASSASSAS
BUSINESS ACTIVITY, IF ANY, OF SOURCE	BUSINESS ACTIVITY, IF ANY, OF SOURCE
	W = 10 00000000
Section 2015	
DATE(S):/ AMT: \$	DATE(S):// AMT: \$
	(If applicable)
TYPE OF PAYMENT: (must check one) Gift Income	TYPE OF PAYMENT: (must check one) Gift Income
DESCRIPTION	4 5 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
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Comments:	